Log Cabin Library APPLICATION FOR LIBRARY CARD

First Name:	Last Name:	
Date of Birth: /	/(MM/[DD/YEAR)
Mailing Address:		
City:	State:	Zip:
Phone Number: ()	Email:	@
How would you like us to notify	you of overdue items, fines	s, or holds?
☐ By mail ☐ Text	□ Email □ Phone	
I agree to observe the rules est materials borrowed on this card lost, or damaged materials.		
Signature:		Date:
For P	atrons Under 18 Years Of	<u>Age</u>
Parent/Legal Guardian Name (please print):	
I certify that I am the parent responsibility for any items the		
Parent/Legal Guardian Signatu	re:	Date:
	Staff Initials	Card #